



Cardiopulmonary Resuscitation (CPR)

Information for Patients and Families

As you complete your advance directive (Power of Attorney for Healthcare Form), this information may help you think about CPR. Please ask your doctor about any questions you have related to CPR and your own health condition.

What is CPR?

CPR stands for Cardiopulmonary Resuscitation; it is a procedure that is done when a person stops breathing or the person's heart stops beating. Mouth-to-mouth breathing and pressing on the chest are part of CPR.

What happens during CPR?

During CPR, the chest is pressed and respirations are given. A machine called a defibrillator may be used to shock the heart. In a hospital or other health care setting, a tube may be put through the person's mouth or nose into the lung so it can be connected to a breathing machine sometimes called life supporter or a respirator.

Where is CPR done?

It can be started wherever a person is, if there is someone around who knows how to do it. For example, CPR has been done in many different settings like the home, a restaurant, a health club, a surgery center, a hospital or a nursing home. Depending on where it is, the persons performing CPR can be family members, friends, employees, paramedics, nurses or doctors.

Does CPR work?

Sometimes CPR can restart the heart if it has stopped and sometimes it cannot. If it does, the person who had CPR done may or may not have the same ability to think, talk or do normal activities as they did before the heart stopped. CPR is most likely to work if you are healthy and your heart and/or breathing stops from a sudden event (like choking, an auto accident or heart attack) that another person sees happen.

osfsupportivecare.org



OSF
SUPPORTIVE CARE

When is CPR not likely to work?

CPR is not likely to work if you have an advanced life-limiting illness (like cancer that has spread, or advanced heart or lung disease), especially if you are sick at the time. Then your chances of surviving or being restored to the health you had before the CPR are not good. (Your doctor can give you actual survival and complication rates.)

How can I use this information?

Probably the best thing you can do is talk about CPR with the person you name as your health care agent. That way they will know if and when you would want your doctor to write a Do-Not-Resuscitate (DNR) order that would prevent you from having CPR. It is very important to discuss your decisions with your doctor.